MISSOURI DEPARTMENT OF HEALTH &SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)

SPONSOR APPLICATION AND BUDGET

(Please TYPE or PRINT Clearly)

1. Name of Sponsoring Organization	2. Mailing Address (P.O. Box or Street Address, City, State & Zip Code)

3. Street Address (if different from 2.) (Street Address, City, State & ZIP Code)	4. County

5. Authorized Representative's	6. Food Program Contact's	7. Financial Contact's (Optional)
Name	Name	Name
Position	Position	Position
Authorized Representative's Email Address	Food Program Contact's Email Address	Financial Contact's Email Address
Authorized Representative's Telephone #	Food Program Contact's Telephone #	Financial Contact's Telephone #
( ) - Ext.	( ) - Ext.	( ) - Ext.
Authorized Representative's Fax #	Food Program Contact's Fax #	Financial Contact's Fax #
( ) - Ext.	( ) - Ext.	( ) - Ext.

8. Type of Sponsor:

- ☐ **School Food Authority** (public or private, non-profit)
- ☐ **Government Entity** (State, Local, Municipal or County)
  Example: County Health Dept.
- ☐ **Residential Camp** (overnight camp)
- ☐ **Upward Bound**
- ☐ **National Youth Sports Program** (sponsored by a public or private, non-profit college or university)
- ☐ **Private Non-Profit (PNP) Organization**
  Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.

If School Food Authority is checked above, are the meals "offer vs. serve"? ☐ Yes ☐ No

9. Method of Meal Preparation:	10. If Method of Meal Preparation is Self Preparation, are meals prepared:
☐ Self Preparation OR ☐ Vended	☐ At each site ☐ At a central kitchen

11. If food is prepared at a vendor kitchen (Food Service Management Company or School Food Service Authority) or at a central kitchen (serving more than one site) list the facility name, address and contact information below for each separate facility:

Facility Type: (Column A)	Facility Type: (Column B)	Facility Type: (Column C)
☐ Central Kitchen ☐ FSMC or other vendor	☐ Central Kitchen ☐ FSMC or other vendor	☐ Central Kitchen ☐ FSMC or other vendor
Facility Name:	Facility Name:	Facility Name:
Facility Address (street, city, state, ZIP code)	Facility Address (street, city, state, ZIP code)	Facility Address (street, city, state, ZIP code)
County:	County:	County:
Contact Person's Name:	Contact Person's Name:	Contact Person's Name:
Telephone Number:	Telephone Number:	Telephone Number:
( ) - Ext.	( ) - Ext.	( ) - Ext.

If meals are served via a central kitchen, list all sites served by each central kitchen: Use additional sheets if necessary.

Column A:

Column B:

Column C:

12. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?
☐ Yes ☐ No

If the sponsor is <u>not</u> a residential camp, please describe the ongoing, year-round service(s) provided:

Note: *All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.*

13. Does any other agency other than the sponsor provide site personnel? (If meals are vended, mark yes and enter the information for the FSMC below)
☐ Yes ☐ No

If **Yes**, provide the name, agency and title of person responsible:

14. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel: ☐ Yes ☐ No

♦Purpose of the Program ♦Meal Pattern Requirements ♦Site Eligibility ♦Site Operations ♦Recordkeeping ♦Duties of a Monitor ♦Civil Rights

15. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: ☐ Yes ☐ No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

16. Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program? ☐ Yes ☐ No

If **Yes**, please submit a written explanation regarding the circumstances to MDHSS—BCFNA.

17. List the estimated percentage ethnic make-up of the population of the area to be served (**percentages must total 100%**):

Hispanic or Latino	Not Hispanic or Latino	Total
%	%	100%

18. List the estimated percentage racial make-up of the population of the area to be served (**percentages must total 100%**):

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

19. What efforts will be used to assure that minority populations have equal opportunity to participate? (check all that apply)

☐ Distribution of brochures or Program information at public locations.
☐ Paid or free advertisements in local newspapers.
☐ Personal contact with community groups and/or parents.
☐ Public service announcements in:
- ❍ Local Newspaper
- ❍ Radio
- ❍ Television

20. Do these efforts also reflect methods used to assure minority and grassroots organizations participate in the program as required by program regulations?
☐ Yes ☐ No

21. Has your organization ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? ☐ Yes ☐ No

If **Yes**, explain:

22. Is your organization faith-based or affiliated with a church?

☐ Yes ☐ No

23. Advances

Does the applicant organization elect to receive advance payments? ☐ Yes ☐ No

If **Yes**, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in any month(s) selected:

	Month	Operating Advance	Requested Amount	Administrative Advance	Requested Amount
	June 1st	☐	$	☐	$
	July 15th	☐	$	☐	$
	August 15th	☐	$		

Note: *Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the requested amount.*

SPONSOR BUDGET

1. Administrative Staffing Plan

List administrative positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet included with your application packet.

A. Title of Position	B. Number of Staff	C. Hours per day on SFSP Admin	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			$			$	
			$			$	
			$			$	
			$			$	
			$			$	
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3 of the Sponsor Budget)						$	

2. Operational Staffing Plan

List operational positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Title of Position	B. Number of Staff	C. Hours per day on SFSP Operations	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			$			$	
			$			$	
			$			$	
			$			$	
			$			$	
Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget)						$	

3. Total SFSP Budget

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	**MDHSS USE ONLY** Approved Administrative Budget	Operational Costs	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 3)	$	$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 3)	$
Rent for Office Space	$	$	Food	$
Office Supplies	$	$	Supplies	$
Administrative Mileage	$	$	Transportation of Food	$
Audit Fees	$	$	Utilities	$
Telephone	$	$	Equipment Rent	$
Postage	$	$	Other (please specify)	$
Printing/Copying	$	$		
Advertising	$	$		
Other (please specify)	$	$		
Total Administrative Costs	$	Total Approved Administrative Budget	Total Operational Costs	$
Administrative Meals x Rates	$	$	Operational Meals x Rates	

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
Vendor Input/ACH-EFT Form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
Copy of entire, current Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)
Completed and signed Policy Statement (new sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated by the applicant organization (sponsor) at all sites.
5. Reimbursement will be claimed only for meals served to eligible children.
6. Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR ▶		SIGNATURE OF AUTHORIZED REPRESENTATIVE ▶	
TITLE	DATE	TITLE	DATE

MDHSS USE ONLY BELOW THIS LINE

APPROVED BY MDHSS—BCFNA REPRESENTATIVE ▶	TITLE	DATE